


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90058 039 \*\*\*\*61.25

<b>DOCUMENT # 707838</b> 1. Entity Name <b>THE FIRST PENTECOSTAL TABERNACLE, INC. OF TAMPA</b>					
Principal Place of Business <b>7416 E. MOHAWK AVE. TAMPA FL 33610</b>			Mailing Address <b>7416 E. MOHAWK AVE. TAMPA FL 33610</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number <b>59-2891230</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCNATT, REV. HUGH A. DECEASED 7420 E. MOHAWK AVE. TAMPA FL 33610</b>				7. Name and Address of New Registered Agent Name <b>WILLIAM G. AUTREY, REV.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7410 E. DELEUIL AVE.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33610-4206</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>WILLIAM G. AUTREY</u> DATE <u>4/9/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNATT, HUGH A 7420 E. MOHAWK AVE. TAMPA FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAM G. AUTREY 7410 E. DELEUIL AVE. TAMPA, FL 33610-4206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AUTREY, SYLVIA F 7410 E. DELEUIL AVE. TAMPA FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HELMS, DARLENE R 2609 MARTUCCI ROAD SEEFNER, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNATT, MARY L. 7420 E. MOHAWK AVENUE TAMPA FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUTREY, SYLVIA F. 7410 E. DELEUIL AVE. TAMPA, FL 33610-4206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUTREY, WILLIAM G 7410 E. DELEUIL AVENUE TAMPA FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILES, SIMON L. 2424 MARCONI STREET TAMPA, FL 33605	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNATT, HUGH A 7420 E. MOHAWK AVENUE TAMPA FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILES, SIMON L. 2424 MARCONI STREET TAMPA, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILES, MICHAEL E. 3527 LISA LANE LAKELAND FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILES, MICHAEL E. 3527 LISA LANE LAKELAND FL 33610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>WILLIAM G. AUTREY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>William G. Autrey</u> 4/9/07 813 626 2090 <small>Date Daytime Phone #</small>		